

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006739

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 979

FILED MAR 8 1963

VS-300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
Length of stay in 1b <u>7 YEARS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>1218 WEST 38th STREET</u>		d. STREET ADDRESS (If outside, give location) <u>1218 WEST 38th STREET</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CORA LARUE LEWALLEN</u>		4. DATE OF DEATH Month Day Year <u>FEBRUARY 12th 1963</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-17-76</u>
9. AGE (last birthday) <u>86</u>		10. BIRTHPLACE (City and state or country) <u>COIN ARKANSAS</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>WILLIAM B. GARRISON</u>		14. MOTHER'S MAIDEN NAME <u>MELISSA MYER'S</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. CAUSE OF DEATH (Enter only one cause, per PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) <u>Inanition, Cachexia, & infected decubitus ulcers</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 month.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Encephalomalacia</u>		<u>18 mos.</u>	
DUE TO (c) <u>Cerebral Arteriosclerosis</u>		<u>2-3 Yrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Broncho pneumonia</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>COIN ARKANSAS</u>	
21. I attended the deceased from <u>October 1961</u> to <u>12 Feb. 1963</u> and last saw her alive on <u>9 Feb. 1963</u> Death occurred at <u>8:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Philip G. Kaul M.D.</u>	
22b. ADDRESS <u>4320 Wornall Rd. Mo. 64112</u>		22c. DATE SIGNED <u>2-13-68</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>2-13-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HOLMES CEMETARY</u>	23d. LOCATION (City, town, or county) (State) <u>HARRISON ARKANSAS</u>
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SON'S KANSAS CITY MO</u>		25. DATE RECD. BY LOCAL REG. <u>2-13-63</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>			

USE BLACK INK

OR TYPEWRITER RIBBON

Dr. Philip C. Hawk M.D.
Student No. 244320
Wrentham Road
9452 m
0-17

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lemmon W. Peterson

Licensed Embalmer No. *4889*

P. O. Address

Lathrop, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license);

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.